# CITY OF STAMFORD

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER
The City of Stamford is an equal opportunity/affirmative action employer
and strongly encourages the applications of women, minorities and persons with disabilities

### **OPEN COMPETITIVE EXAMINATION NO. 16-05**

## **ASSOCIATE PLANNER**

Salary Range: \$79,590 - \$102,256/Annually

<u>POSITION</u>: Under the general direction of the Land Use Bureau Chief or designee, performs a variety of professional municipal planning functions, including development review, policy implementation, regulatory analysis, and design development and research; does related work as required.

MINIMUM QUALIFICATION REQUIREMENTS: Graduation from an accredited college or university with a Bachelor's degree in Planning, Landscape Architecture, Architecture or a closely related field and three (3) years of progressively responsible professional planning experience.

<u>NOTE</u>: A Master's degree in a related field, OR membership in the American Institute of Certified Planners (AICP), may substitute for one (1) year of work experience.

<u>SCOPE OF EXAMINATION</u>: There will not be a written examination. Qualified applicants will be ranked according to their education, training and experience. <u>Applicants are required to fully complete the application form and supplement, listing all related degrees, training and work experience.</u>

<u>APPLICATION PROCESS</u>: Interested candidates should submit an Employment Application and Application Supplement "16-05" by **February 26, 2016**. Applications can be obtained at the City of Stamford, Human Resources Division, 9<sup>th</sup> Floor, 888 Washington Boulevard, Stamford, Connecticut or at <a href="https://www.cityofstamford.org">www.cityofstamford.org</a>. <a href="https://www.cityofstamford.org">Please note</a>: Only properly completed and submitted applications and application supplements will be considered. Applications of candidates who do not meet the stated position requirements will not be considered.

The Human Resources Department provides reasonable accommodation to persons with disabilities in accordance with the Americans with Disabilities Act (ADA). If you need an accommodation in the application or testing process, please contact the Human Resources Division.

Issued: 02-05-16

#### EMPLOYMENT BENEFITS:

- Health Plan and Hospitalization
- Paid Vacations and Holidays
- Retirement Plan
- Group Life Insurance
- Sick Leave

VETERAN'S PREFERENCE: Preferential Points may be given to Eligible Veterans. Check with the Department of Human Resources. Applications are obtained from and submitted to

DEPARTMENT OF HUMAN RESOURCES

CITY OF STAMFORD 888 WASHINGTON BOULEVARD STAMFORD, CONNECTICUT 06904 TELEPHONE (203) 977-4070 www.cityofstamford.org

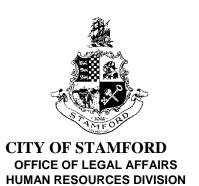
General Conditions for Job Announcements and Civil Service Information can be viewed at <a href="https://www.cityofstamford.org">www.cityofstamford.org</a>

#### **CHANGE OF ADDRESS:**

It is your responsibility to notify the Department of Human Resources of any Change of Address on your application

#### PERSONNEL COMMISSION

Frank Greene Julie Granser Peter Nanos Marc Teichman Carl Weinberg MAYOR DAVID R. MARTIN



DIRECTOR OF LEGAL AFFAIRS &
CORPORATION COUNSEL
KATHRYN EMMETT

HUMAN RESOURCES DIRECTOR CLEMON W. WILLIAMS

888 WASHINGTON BOULEVARD P.O. BOX 10152 STAMFORD, CONNECTICUT 06904-2152 Tel. (203) 977-4070 Fax: (203)977-4075

# ASSOCIATE PLANNER APPLICATION SUPPLEMENT #16-05 EXPERIENCE AND TRAINING EXAMINATION

NAME			
SOCIAL SECURITY NUMBER _	000 -	-	
	(La	st six digits only)	

On the following pages, you will be asked to supply specific information about your education and training and about the duties, responsibilities and accomplishments that are associated with jobs that helped qualify you for the position of *Associate Planner*. This information will be used to assist us in determining whether you meet the minimum qualification requirements for that position, as listed in the examination announcement. Further, for those who do qualify, this background information will be scored according to how closely it relates to the various job components or factors of the position.

THIS BOOKLET IS AN EXAMINATION. You must fill it out completely in order to take part in this Experience and Training examination. Your score will be based only on what you include in this examination. Incomplete or illegible applications/supplements will be rejected. This examination booklet, along with a completed "Application for Examination or Employment" must be submitted or postmarked by the last filing date in order to receive consideration.

AN EOE/AA EMPLOYER

# PART I. <u>SUMMARY OF QUALIFICATIONS</u> #16-05

A.	. <u>EDUCATION</u> :	
	1. Do you have a Bachelor's degree in Planning, Landscape Architecture, A or a closely related field?	Architecture
	Yes (Major)	No
	2. Do you have a Master's degree in an above stipulated field? If so, please specify the area of emphasis.	e indicate and
	Yes	No
В.	EXPERIENCE:  Describe your professional planning experience by length, and separate applicable.	ely by type, if
	Field(s) of Specialization Length of Experience (Yr./	<u>Mo/)</u>
C.	AICP CERTIFICATION:	
	Are you a member of the APA and AICP, with AICP Certification?	
	Yes No	

#### PART II. #16-05

<u>SPECIALIZED TRAINING</u>: List all specialized training (seminars, special courses, college courses, advanced training, etc.), that you have attended within the past five (5) years in the field of planning or urban design. Do not include college courses that were credited toward any degree reported in Part I.

TITLE OF COURSE	SPONSORING ORGANIZATION	DATE ATTENDED & NO.OF HOURS

### PART III. <u>EXAMPLES OF WORK</u>: #16-05

Listed below are several specific duties of the position of Associate Planner with the City of Stamford. Where applicable, please provide a specific example of a similar duty you performed in any professional planning position(s) cited on your application and/or resume. Complete form below or attach a separate sheet similarly formatted.

Perfor	ms review of zoning regulations and prepares updates wher	re necessary.
	with the public and/or community organizations and agenc and maintain dialog on planning and zoning goals and objec	
	1	

#### PART IV. #16-05

<u>WRITTEN MATERIALS</u>: List, by title and date, one to three major planning studies, reviews or analyses you produced within the last ten years. For each, briefly describe the guiding goal or purpose, data sources and research methods utilized, and summarize the conclusion reached. Provide a copy of one that best illustrates your analysis and writing skills.

<u>TITLE</u> <u>DATE</u>

1.

2.

3.

On the following pages are a variety of statements which are related to this position. For each of those statements, circle the letter for the level described below which best reflects your experience, education or training as it relates to that item.

- A I have applied this Knowledge, Skill or Ability in an actual setting while performing a job.
- B I have education or training related to this Knowledge, Skill or Ability, but have not applied it in an actual job.
- C I have little or no experience, education or training related to this Knowledge, Skill or Ability.

For each A or B answer, give evidence, in detail, in the space provided of how you acquired the Knowledge, Skill or Ability listed, through education and/or training.

## PART V. (cont'd) #16-05

# KNOWLEDGE, SKILLS AND ABILITIES STATEMENT

1.	Knowledge of land use planni	ing and zoning	theory and pr	actice.	
			Circle the	Appropriate	e Letter
			A	В	C
	Employer/School:				
	Dataila				
	Details:				
2.	Knowledge of urban design a	nd site planning	g theory and p	orinciples.	
			Circle the	Appropriate	<u>e Letter</u>
			A	В	С
	Employer/School:				
	Details:				
	•				

# PART V. (cont'd) #16-05

# KNOWLEDGE, SKILLS AND ABILITIES STATEMENT

3.	Ability to evaluate complex de	evelopment pro	jects and site	plans.	
			<u>Circle the</u> A	Appropria B	<u>te Lette</u> C
			A	D	C
	Employer/School:				
	Details:				
4.	Ability to use GIS software and	d generate grap	ohic designs.		
			Circle the	Appropria	te Lettei
			A	В	С
	Employer/School:				
	Details:				



# APPLICATION FOR EXAMINATION OR EMPLOYMENT

The City of Stamford Human Resources Division 888 Washington Boulevard P.O. Box 10152 Stamford, CT 06904-2152 Tel. (203) 977-4070 AN EQUAL OPPORTUNITY EMPLOYER

Position applying for Use Title on Job Announcement	
Exam Number	
LXam Number	

DO NOT WRITE IN THIS SPACE					
□ Q	Rev. by:				
□ NQ					
☐ Educ					
□ Ехр					
☐ Not City EE					
☐ Other					

#### PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

All blanks must be completed in order for application to be considered.

GENERAL INFORMATION	-			
Name	(First)		(Midd	<u></u>
(Lasi)	(FIISI)		(Midd	e)
Address	(0)(1)		(State	77'2 0 - 1-1
Home (Street/Apt. #)	(City)	Work Telephoi	(State	) (Zip Code)
Telephone(Area Code)		releption	(Area Code)	
Cellular		E-mail		
Telephone (Area Code)		Address		
Social Security Number000			Best daytime contac	t: Home Work Cell
Do you claim 5 points preference based on active duty in the U. S. Armed Forces?  (Attach copy of DD214)	☐ Yes	S □ No	Are you currently authorized to work in the United States?	n Yes No
Do you claim 10 points veteran's disability preference? (Attach DD214 and supporting documentation)	☐ Yes	□ No	Note: 1986 Immigration Refo identity and employment elig	rm & Control Act requires verification of ibility at the time of hire.
Have you ever worked for the City of Stamford before?	☐ Yes	☐ No em	yes, list by dates nployed and job e(s):	
Have you ever been convicted of any off a minor traffic violation?     If yes, you must complete Section B of the a		,		☐ Yes ☐ No
Have you ever been disqualified for a post- criminal conviction or failure to fully disclose criminal conviction?  If yes, list job title and date of disqualification	e a	n the City of Sta	amford due to a	Yes No
(Provide information regarding ACTUAL convictions on pardoned pursuant to the CGS § 31-51i, should NOT b Each conviction will be evaluated on its own merits with	e disclosed.	Disclosure of a cri	iminal record will not neces	sarily disqualify you for employment.

applying.)

KECOKD O	F EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL AND CITY/STATE	DATES ATTENDED	COURSE OF STUDY (Major/Minor)	GRADUATED (Yes/No)	DEGREE, DIPLOMA, G.E.D., AND CERTIFICATE OR CREDITS COMPLETED
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
	Lertifications (special courses, volocation where training was give				
	other Special Skills or Abilities of the well, computer skills, and			es, machines yo	u operate, languages which you
EMPLOYM	ENT HISTORY				
CONSECUTIVE	present and past employment. <b>ELY</b> . Applicants may be required sumes may be included with a <b>c</b>	d to furnish sati	sfactory proof of employmer		
1. Name and	Address				
of Employer				Month Year	
					_ Ending Salary
	ame, Title, Telephone				
Describe your	r duties:				

07.01.06 Page 2

Reason for leaving\_

Name and Address of Employer	# of hours    Employed From To Month Year	Year
	per week Last Salary	
Supervisor Name, Title, Telephone  Your Title		
-		
Describe your duties:		
Reason for leaving		
Treason for leaving		
Name and Address of Employer	Employed From To # of hours	nth Year
	per week Ending Salary _	
Supervisor Name, Title, Telephone		
Your Title		
Describe your duties:		
Pennen for locuing		
Reason for leaving		
Name and Address     f Employer	Employed From To	Year
	# OI NOUIS	
Supervisor Name Title Telephone	per week Ending Salary_	
Supervisor Name, Title, Telephone	per week Ending Salary_	
Your Title	per week Ending Salary_	
Your Title	per week Ending Salary_	
Your Title	per week Ending Salary_	
Your Title  Describe your duties:	per week Ending Salary_	
Your Title	per week Ending Salary_	
Pour Title  Describe your duties:  Reason for leaving  5. Name and Address	per week Ending Salary_	
Your Title  Describe your duties:  Reason for leaving  5. Name and Address of Employer	Employed From Hof hours  # of nours  Ending Salary  To  Month  For No Hours	n Year
Your Title  Describe your duties:  Reason for leaving  5. Name and Address of Employer	Ending Salary Employed From To # of hours Ending Salary	n Year
Your Title  Describe your duties:  Reason for leaving  5. Name and Address of Employer  Supervisor Name, Title, Telephone	Ending Salary Employed From To # of hours Ending Salary	n Year
Your Title	Ending Salary Employed From To # of hours Ending Salary	n Year
Your Title  Describe your duties:  Reason for leaving  5. Name and Address of Employer  Supervisor Name, Title, Telephone	Ending Salary Employed From To # of hours Ending Salary	n Year
Your Title	Ending Salary Employed From To # of hours Ending Salary	n Year

Do you have any objections to the Human Resources Division verifying your work experience and/or educational qualifications?  I hereby authorize the City of Stamford to verify my work experience and/or educational qualifications.							
(A) Your former employer?							
(B) Your present employer? ☐ Yes ☐ No Applicant's Signature							
If answer is "Yes" to either (A	) or (B) explain under o	comments section					
COMMENTS							
MILITARY INFORM	ATION						
Veteran of U.S. Armed Forces	Service Branch	Date Discharged	Type of Discharge	Final Rank			
☐ Yes							
□ No							
PRE-EMPLOYMEN	T STATEMENT	(Read Carefully					
my knowledge and be application, interview( withdrawal of a job off provided, whether will falsehood is discovered. I understand that this also understand that the be construed as creat consideration of my e time to time be impler satisfied for employment of the City of (present or former), e government agencies the City of Stamford a and former employers	elief. I understand (s) or during the confer; or discipline, uplingly or accidental ed.  application is not a should I be granted in gany obligation, imployment, I agreemented or revised. I ent.  Stamford by an including or others, including and its designated in greenences and conferences and conferences and conferences and conferences.	that incomplete, false urse of my employment to and including term, may result in my implementation and interview, the repromise or contract to eto conform to the rule ldentification and verification and verification and the land between the formula of the land between the formula of the land between the land b	application are true, complete, e, inaccurate, or misleading information of employment. Further mediate dismissal if employed, when the constructions that may be made on behalf of the City. Should I take and policies of the City of Swriftication of eligibility to work in the convertigative background reports reby information may be obtained by the convertigation of the investigation and further the mediate of the investigation of the i	rmation given in my f this application; er, false information whenever the omission or  cation of employment. I e at the interview are not to be employed by the City, in tamford, as they may from the United States must be  It may be prepared at the ed from my employers olic records maintained by reports, etc. I authorize urther authorize present tion. I also authorize the			
	In the event I recei	ve a job offer, l also ι	n satisfactory replies from my re understand that I will be subject				
I have read, understo	od, and agree to th	ne foregoing.					
Applicant's Signature _			Date				

07.01.06 Page 4

# **Applicant Disclosure Form**



# Section A

## 1. CANDIDATE INFORMATION

It is the policy of the City of Stamford to recruit, hire, and promote qualified people in all job classifications regardless of age, race, sex, color, religion, national origin, marital status, veteran status or disability unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, we strongly urge that all applicants complete this as part of the pre-employment process. Applicants so choosing, may identify on the form that they have chosen not to provide the City of Stamford with the requested information by checking the appropriate box in section four. This information will not affect in any way your employment opportunities. This form will be removed from the application.

2. GENERAL INFORMATION									
Your Name				Date					
Socia	al Security Number	000	(Last six digits ONLY)						
3. ST	ATISTICAL INFOR	RMATION							
	Race/Ethnic Ide	entification (Please check one)		lah Olassifisatian					
American Indian or Alaska Nativ		All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.			Job Classification				
Southe Cambo		All persons having origins in any of the original peoples of Southeast Asia, or the Indian Subcontinent including, for Cambodia, China, India, Japan, Korea, Malaysia, Pakist Philippine Islands, Thailand, and Vietnam.	r example,		Please write the title of the position for which you are applying in the box above, using the title on Job Announcement.				
Black or African American		(Not of Hispanic or Latino origin) All persons having origins in any of the black racial groups of Africa.		ļ	oss / willoutestillotti.				
Hispanic or Latino		All persons of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.		1					
Native Hawaiian or Other Pacific Islander		All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.			<b>Gender</b> Female				
White		(Not of Hispanic or Latino origin) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.			- Ciriale				
Other		Please specify			Male				
4. NO	N-PARTICIPATIO	N							
					Please check box if applicable				
I have read the above statement and have chosen not to complete this form.									
5. RE	CRUITING INFOR	MATION							
How did you hear about this job? (Please check one)									
	Stamford Advocate			Human Resources Division Bulletin Board					
	Other newspaper. Please give name:		Comm	nunity Agency e give name:					
	City Website								
	_ FIOR			ssional journal se give name:					
	Please give site:								
07.01.06	City Employee	oloyee Other. Please specify:							

# **Applicant Disclosure Form**



# NOTE: THIS INFORMATION WILL BE REVIEWED ONLY BY MEMBERS OF THE HUMAN RESOURCES DIVISION AND HIRING MANAGERS.

Section B

#### **CRIMINAL CONVICTION INFORMATION**

Applicants are required to disclose the existence of *any* criminal conviction, regardless of the nature, date or location thereof, with the exception of minor traffic violations or an arrest, criminal charge, or conviction that has been erased. The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon.

The information provided below is subject to the terms of the "Pre-Employment Statement" on Page 4 of this

application. A criminal conviction will not necessarily result in the rejection of this application, but will be considered as it relates to the nature of the position sought, and in light of any applicable state and federal law.							
Name (Print)	Title of Position Sought						
Applicant's Signature	Date						

DATE OF CONVICTION	OFFENSE	DATE OF ARREST	PLACE OF ARREST (City/Sate)	SENTENCE